



The Commonwealth of Massachusetts  
TOWN of HINGHAM FIRE - RESCUE  
FIRE PREVENTION & CODE COMPLIANCE OFFICE  
210 Central Street, Hingham, MA 02043

FP 6 PERMIT # \_\_\_\_\_

DATE \_\_\_\_\_

## APPLICATION FOR PERMIT

TO: HEAD OF FIRE DEPARTMENT

**HINGHAM**

CITY OR TOWN

**DIG SAFE NUMBER**

Start Date: \_\_\_\_\_

In accordance with the provisions of M.G.L. Chapter 148 and / or 527 CMR application is hereby made.

Permission To: **CUTTING & WELDING OPERATION to be in accordance with 527 CMR**  
& Restrictions: **39:00. All storage of fuel gases shall be permitted and stored in accordance with 527 CMR 6:00 or 527 CMR 14:00. Have a fire extinguisher available, take precautions to prevent ignition of nearby combustibles, and maintain a fire watch for 1/2 hour after cutting & welding operations have ceased.**

State clearly  
purpose for  
which permit  
is requested

**Conduct welding operations at job site.**

**Contact person:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

at \_\_\_\_\_

(Give location by street and no., or describe in such a manner as to provide adequate identification of location)

Date Permit Issued \_\_\_\_\_

By \_\_\_\_\_

APPLICANT NAME

COMPETENCY TYPE

COMPETENCY NUMBER

ADDRESS

Date of expiration \_\_\_\_\_

Fee \$ **50.00**

☐ Paid ☐ Due ☐ N/A

INSTALLER'S PHONE

OFFICIAL ISSUING PERMIT

(Signature of applicant)